

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3806

1472

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA		2. USUAL RESIDENCE A. STATE		REGISTRAR'S NO. 3806 (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY			
	C. CITY OR TOWN Phoenix		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 3109 3. VanBuren(rear)		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST) (TYPE OR PRINT) Unidentified body			4. SEX Fe.		5. COLOR OR RACE			
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH DAY YEAR		8. AGE (IN YEARS LAST BIRTHDAY)			
9B. KIND OF BUSINESS OR INDUSTRY			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?			
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME			
16. INFORMANT'S SIGNATURE			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) (Found) 5. 4 1959			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Under investigation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED: 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [SIGNATURE] [DATE] [TIME] AND THAT DEATH OCCURRED [DATE] [TIME] FROM THE CAUSES AND ON THE DATE STATED ABOVE. 22A. SIGNATURE [Signature] 22B. ADDRESS Phoenix 22C. DATE SIGNED 5-5-59								
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE [Signature]			24B. ADDRESS 1570 2nd Ave		24C. DATE SIGNED 5-6-1959			
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> 25B. DATE 5/7/59			25C. NAME OF CEMETERY OR CREMATORY Maricopa County Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.			
28A. DATE REC. BY LOCAL REG. 5/6/59			28B. REGISTRAR'S SIGNATURE [Signature]		28C. EMBALMER'S SIGNATURE [Signature]			
28D. EMBALMER'S CERT. NO. 392-A			28E. EMBALMER'S SIGNATURE [Signature]		28F. EMBALMER'S CERT. NO. 392-A			